

Colorado



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Community Engagement Helps Colorado Prepare for Public Health Emergencies

Communication with residents and visitors during a public health emergency is an essential component of any effective response. Preparation prior to an emergency will help determine how resilient individuals and groups may be, and Colorado has found that there are significant cultural differences regarding emergency preparedness.

Recognizing that the methods and means of communication vary widely among people, the Colorado Department of Public Health and Environment is working at the community level to engage groups and individuals in planning and response efforts. These projects and collaborations, funded by the Centers for Disease Control and Prevention Cooperative Grant for Public Health Preparedness and Response, include:

- Emergency food delivery system
- Food pantries and poverty assistance programs
- Community leader networks, using the promotora model
- Print materials for non-literate populations
- Emergency planning for seniors and homebound populations

Helping people comply with public health orders

When public health officials ask people to use social distancing methods to help contain an outbreak, some will be prepared to stay home for days or even weeks. Others, whether due to the inability to purchase additional food supplies, the lack of storage space for extra food, or simply not thinking ahead, will not be able to care for themselves or their families without supplemental food supplies.

The Colorado Department of Public Health is working with the Colorado Food Bank Association and local retail food and delivery companies to use existing delivery systems to distribute food during emergencies. To make this successful, the department has signed memoranda of understanding with these associations and businesses for activation during an emergency. The use of a food delivery system as a resource depends on the availability of staff and volunteers of the participating organizations, and upon the availability of food and commodity resources during an emergency.



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Support for low-income and underserved populations

During Hurricane Katrina in 2005, many people lost their homes, businesses and family members, but poor and low-income families suffered disproportionately high losses of life and health. It is unrealistic to expect the poor to be able to prepare to shelter in place for an extended period of time. Colorado is developing support systems to assist the poor in complying with public health orders to stay home.



In addition to its work with the Colorado Food Bank Association and local retail food and delivery companies, the Colorado Department of Public Health and Environment is engaging local food pantries, churches and homeless shelters to begin planning for a shelter-in-place emergencies for the homeless, and for education of low-income populations, in the case of persons on poverty assistance who are not homeless. This is a difficult problem and no solid solutions have been formed yet.

Many older adults and people who are homebound have economic or physical limitations that make emergency preparedness difficult. Colorado is educating aging services organizations on public health preparedness to use those agencies already in contact with older adults to help pass on the knowledge. For planning efforts to reach older adults, the department is collaborating with the Coalition on the Aging and the Area Agency on Aging at the Denver Regional Council of Governments.

Reaching non-dominant cultures with urgent messages

Colorado has memoranda of understanding with two private-sector translation and interpretation companies capable of responding anywhere in the state. However, simple translation of public health recommendations may not be sufficient to convey the actual meaning of the recommendations.

First, for people with reading limitations, the department has contracted with a specialized graphic designer to develop brochures with graphic illustrations for low-literacy populations. The information is focused on pandemic influenza education and teaching people to plan for shelter-in-place emergencies. Using graphics to convey emergency messages can be effective for non-English speakers as well.

Cultural differences can become barriers to communication, particularly in times of high stress. To address this issue, Colorado has recruited several groups, such as the Colorado Asian Health Education and Promotion organization, a local clinic for low-income, Spanish-speaking families and two urban churches to implement a program similar to the “promotoras” used in health services for people of Hispanic origin. Using the promotora model, these organizations are gathering clergy, staff and community leaders to disseminate pandemic influenza education to people who attend community events, church meetings and events and other health related screenings. To ensure that the effort can measure outcomes, prior to implementing the education, participants will take a preliminary survey to identify pre-education levels of knowledge and attitudes about pandemic influenza. Following the education sessions, post-test surveys will be administered by key community leaders and educators to identify changes.





The benefit of this model is in the use of trusted members of the communities. These individuals can engage other members of their communities. They are intimately familiar with issues specific to their own communities, above and beyond linguistic differences. For the 2006-07 grant year, Colorado is implementing this model within Thai, Filipino, Chinese, Asian Indian, Vietnamese and Hmong communities, and the Hispanic communities surrounding the two urban churches. It is hoped that following the relationships forged this year, further work will be continued in alliance with the Colorado Department of Public Health and Environment, and to include other communities not yet approached, such as the Japanese, Laotian, Pakistani and African American groups. The key community leaders will be designated emergency liaisons for their communities in collaboration with the department, so that any emergency health messages that public health authorities issue can be sent through these key contacts and given in a culturally relevant and appropriate manner.



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Additional Information

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